

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025248

STATE FILE NUMBER

Registration District No. 264

Primary Registration District No.

Registrar's No. 74

FILED JUL 15 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived, self institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elijah</u>		c. CITY OR TOWN <u>Elijah</u>	
Length of stay in 1b <u>years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D.</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha Ellen</u> Middle <u>Lane</u> Last		4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-29-1891</u> 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Thornfield, Mo.</u>	
13a. FATHER'S NAME <u>Pat Harris</u>		14. NAME OF HUSBAND OR WIFE <u>J.T. Lane (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>May Lane, Elijah, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Dilatation of heart</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gastric ulcers</u> DUE TO (c) <u>Senile degeneration</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-23-61</u> to <u>5-16-63</u> and last saw her alive on <u>5-16-63</u> . Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D.R. Shaw D.D.</u>		22b. ADDRESS <u>Bakersfield, Mo.</u>	
22c. DATE SIGNED <u>7-5-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>5-30-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elijah Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Elijah, Ozark, Mo.</u>		24. FUNERAL DIRECTOR <u>Robertsons, West Plains, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7-9-63</u>		26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

Sams

JUL 15 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. St. Johnston

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.